Beyond BOW Workshop Application Deer Hunt on Floy McElroy WMA December 4-6, 2020

Sponsored by the Louisiana Department of Wildlife and Fisheries

<u>Please read qualifications prior to applying</u> (Novice deer hunter Only)

Address		
City		Zip
Day Phone ()	Evening(_)
E-Mail address		
Special Mobility Needs	s (ex. Vegetarian, gluten free) you ma	ny wish to bring something to supplement your
l am bringing a firearm _	Please provide	me with a firearm
Vest size (men's): Sm	Md Lg XL 2X 3X	
	_	ne sent upon your acceptance. I week of the deadline date.

Come prepared for rain or shine, heat or cold.

Mail Application to:
La. Department of Wildlife & Fisheries
Attn: Dana Norsworthy - BBOW
368 CenturyLink Drive
Monroe, LA 71203

<u>Cost:</u> \$ 125.00 - payment due upon acceptance (Do Not send payment now)

Limit: 6 participants

Application Deadline: November 1, 2020

Contacts:

Dana Norsworthy at dnorsworthy@wlf.la.gov
Karen Crabtree at kcrabtree@wlf.la.gov
Joshua Johnson at jojohnson@wlf.la.gov
Chad Moore at cmoore@wlf.la.gov

In applying for this LA Beyond BOW workshop, participants understand that by attending this program photographs may be taken during the workshop and may be used in future support of the program.

AGENDA:

Location of overnight facility: Poverty Point Reservoir State Park in Delhi (Richland Parish)

Friday, Dec 4, 2020: 2pm - sighting in of rifles at the Richland Parish Detention Center

(This is MANDATORY with NO EXCEPTIONS)

4pm – arrival at Poverty Point Reservoir State Park in Delhi

5pm - educational safety program

6pm - supper

Saturday, Dec 5, 2020: Breakfast snack

Early departure for Floy McElroy WMA (Richland Parish) to hunt Lunch at State Park or remain at the WMA (weather depending)

Depart for evening hunt

Return to the State Park for supper

Sunday, Dec 6, 2020: Breakfast snack

Early departure for Floy McElroy WMA for morning hunt only

Depart from Floy McElroy WMA prior to lunch

(Basic and Big Game License with tags are required. Only one antlered or one antlerless deer may be harvested for the weekend)

QUALIFICATIONS TO APPLY FOR THE BEYOND BOW FLOY MCELROY WMA DEER HUNT

PRE-REQUISITE:		
	Firearms and Firearm Safety course at a previous BOW or	
	tion Course offered by the state. List your Hunter Education	
Certification #	Additionally, you must have taken the Bucks and	
Does course (once called	d Intro To Deer Hunting) at a previous BOW or Mini BOW.	

This deer hunt is for Novice Deer Hunters Only. You must also meet the below novice requirements to apply for this hunt.

The Beyond BOW deer hunts are intended to introduce and teach novices about deer hunting. For that reason, experienced deer hunters and participants that have attended a previous Louisiana BBOW deer hunt and while on this BBOW hunt either shot at or harvested a deer are ineligible to apply. For purposes of eligibility for these hunts, a novice deer hunter is defined as: a person who has harvested no more than 2 deer and/or other big game animal (elk, antelope, bear, moose, etc.) in their lifetime. All applicants must certify that they are a novice deer hunter or a novice deer hunter that meets the criteria stated while attending a BBOW by signing the statement below.

I certify that I am a novice deer hunter as defined in the paragraph above and/or I am a novice deer hunter that meets the above mentioned criteria while deer hunting at a La BBOW workshop. I understand that if I am found in breach of this signed agreement my application will be voided and paid workshop fees will be forfeited.

Applicant Signature	Date

LIABILITY / MEDICAL RELEASE

In consideration of the benefit received from my participation in the Beyond BOW Program and associated activities I voluntarily and knowingly assume any risk associated therewith and waive my right to assert any claim against the State of Louisiana, or any of its Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers for injury or damage to my person or property resulting from my participation in Beyond BOW activities. I further release and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers, from any and all claims, demands, causes of action, expense and liability arising out of injury or death to my person as a result of my participation in the Beyond BOW and associated activities.

I further understand and agree to abide by the general rules and conduct prescribed for guest of the LDWF and that violations may result in a denial of privileges, a forfeiture of all fees paid and immediate removal from the property.

I have read this release. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of LDWF.

Signature of Participant	Date	
	ΓORY QUESTIONNAIRE IANDATORY)	
Name:	Date of Birth:	Sex:
Address:		
City/State/Zip	<u>-</u>	
Phone:()	_	
Emergency Contact:	Phone: ()
Please List: Current Medications: Allergies / Asthma (include medications):		
Circle if you are being treated for any of the follow Diabetes High Blood Pres		Heart / Lung / Kidney Disease
When was your last Tetanus Toxoid inoculation?		
THIS MEDICAL HISTORY QUESTIONNAIRE KNOWLEDGE.	IS CORRECT AND COMPL	ETE TO THE BEST OF MY
Signature of Participant		e